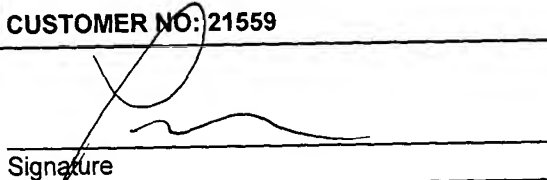
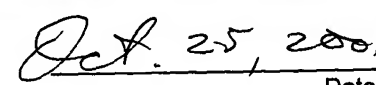


Cited References	0 references
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English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee:\$370	\$370.00
Excess Claims Fee: 83 - 20 = 62 x \$9	\$558.00
Excess Independent Claims Fee: 15 - 3 = 12 x \$42	\$504.00
Multiple Dependent Claims Fee:\$140	\$140.00
Total Fees:	\$1572.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1572.00 to cover the total fees. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Paul T. Clark Reg. No. 30,162 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
CUSTOMER NO: 21559	
 Signature	 Date

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